

# **Socioeconomic status and mental health in young adults**

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## **CERTIFICATE OF AUTHORSHIP/ORIGINALITY**

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the next.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate

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Suwimol Densoontorn

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## ABSTRACT

The recent economic crisis occurring in Thailand resulted in a number of Thai people experiencing socioeconomic problems, including those people living in Nakhon Si Thammarat, a province in the south of Thailand. This area is composed of three main geographical regions such as mountainous, coastal and city regions. The majority of people living in these regions rely on agriculture.

The aim of the study was to investigate mental health in young adults in three different geographical districts of Nakhon Si Thammarat, including Lan Saka, Pak Phanang, and Muang, as well as determining whether differences existed in the three regions and if mental health status was associated with socioeconomic factors. 1200 young adults aged between 18 and 25 years were randomly selected using the SCL-90-R to measure mental health symptoms in young adults living in the three diverse regions in Nakhon Si Thammarat.

The research results were as follow.

1. 45.5% of young people living in the coastal areas (Pak Phanang), 43.8% of youths living in the city (Muang) and 33.5% of young adults in the mountainous areas (Lan Saka) ) were assessed as having mental health difficulties (based on  $T > 60$  in the SCL-90-R).

The prevalence of a positive risk (any two primary symptoms scoring  $\geq T63$ ), was found to be greatest in those living in the coastal areas (20.8%), while 19.5% of young adults living in the city and 15% of the young people in the mountainous areas were found to be at risk. The GSI criteria ( $T \geq 63$ ) showed that 10% of young people in coastal regions were estimated to be a positive risk compared to 9.5% in the city and 8.8% in mountainous regions.

2. In the coastal areas (Pak Phanang), somatization was the most prevalent mental health symptom (20%) using the criteria of  $T > 60$ , while 17.5% and 17.3% reported paranoid ideation and hostility respectively. The clinical criteria ( $T$  score  $\geq$

63) reported 12.5 % had somatization while 11.5% were assessed as paranoid and 11 % assessed as having psychotic symptoms

In the city (Muang), somatization was the most common mental health problem (17.3%), while 16.8% and 16.3% had problems with obsessive compulsiveness and hostility respectively (using  $T > 60$  criteria). The clinical criteria ( $T \geq 63$ ), 13.3% reported hostility, 12.8% had somatization and 11.3% indicated paranoia.

In the mountainous areas (Lan Saka), obsessive-compulsive symptoms were found to be the most frequent health problem (16.8%) while 13.5% had problems with hostility and psychoticism. Using criteria at clinical level ( $T \text{ score} \geq 63$ ), hostility was the most common problem (10.8%). Obsessive compulsiveness and depressive symptoms were the second most common mental health problems at a clinical level in the mountainous community (10.3%).

3. There were significant differences between the three areas on scores of somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, and paranoid ideation. Those living in coastal and city areas were found to have greater levels of somatization, obsessive-compulsive symptoms, interpersonal sensitive, depression, anxiety, hostility, and paranoid ideation than those living in mountainous areas.

4. Female young adults were more depressive, phobic, obsessive-compulsive, paranoid, and interpersonal sensitive than male youth.

5. No significant differences in mental health symptoms were found among the participants as a function of whether they were unemployed, employed or a student.

6. Youths with a Bachelor degree qualification were more likely to have symptoms of somatization, obsessive compulsiveness, interpersonal sensitivity, depressive mood, anxiety, phobic anxiety, and paranoid ideation than young adults with a secondary level of education. Furthermore, young people who had a diploma qualification were more likely to be anxious, obsessive compulsive and paranoid than young people who had a secondary education.

7. Young people whose income was less than 4500 Baht per month were less at risk of suffering somatization than those whose income was between 4501-6500 Baht per month. In addition, young people whose income was between 4501-6500 Baht per month were less at risk of suffering paranoid ideation than those whose income was greater than 6501 Baht.

8. A Bachelor degree qualification, marital status, and being a government officer were able to predict somatization, explaining about 1.6% of the variance in somatization.

9. Sex, tertiary qualification, and living in coastal areas were significant predictors of obsessive compulsiveness, with these three variables explaining only 2.4% of the variance in the obsessive-compulsive scores.

10. Being female, having a Bachelor degree qualification, living in the city and coastal areas were found to be significant though weak predictors of depressive mood, with the four variables explaining about 5.6% of the variance related to depression.

11. Living in city and coastal areas as well as being a blue-collar worker were significant though weak predictors of hostility, with the three variables explaining about 1.8% of the variance related to hostility.

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